Under the Paperwork	k Reduction Act of ∶	1995, no person are required		nt and Trade	roved for use through mark Office; U.S. Di	h 01/31/2007. OF EPARTMENT OF	COMMERCE			
			to topona to a conoct	respond to a collection of information unless it displays a valid OMB control number  Complete if Known						
	Effective on 12/08/2 Isolidated Appropi	2004. riations Act, 2005 (H.R. 4818 <sub>)</sub>	Application Nu		09/447,256-Conf. #3582					
FFF T	RANSI	MITTAL	Filing Date		November 23, 1999					
			First Named In	First Named Inventor Nobuyoshi NAKAJIMA						
<b>F</b>	or FY 20	<u> </u>	Examiner Name	9	C. M. Larose					
Applicant claims	s small entity statu	us. See 37 CFR 1.27	Art Unit		2624					
TOTAL AMOUNT OF	PAYMENT	(\$) 1,240.00	Attorney Docke	t No.	2091-0205P					
METHOD OF PAY	MENT (check	all that apply)								
X Check Credit Card Money Order None Other (please identify):										
Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP										
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)										
	fee(s) indicated		<u></u>	ge fee(s) i	ndicated below, e	except for the	tiling fee			
	any additional for the second of the second	ee(s) or underpayments .16 and 1.17	of x Credi	t any over	payments					
FEE CALCULATION	)N									
1. BASIC FILING, SE	FIL	ING FEES S Small Entity	EARCH FEES Small Entity	I Entity Small Entity						
Application Type	Fee (\$)	· —— —	<del></del>	Fee (\$		<u>Fees Pa</u>	id (\$)			
Utility	300	150 50		200	100		<del></del>			
Design	200	100 10		130	65					
Plant	200 300	100 30 150 50		160 600	80					
Reissue Provisional	200		0 230	000	300 0		<del></del>			
2. EXCESS CLAIM FE		100	0 0	U	U		mall Entity			
Fee Description	:E3					<u>5</u> Fee (\$)	Fee (\$)			
Each claim over 20 (in	ncluding Reissi	ues)				50	25			
Each independent clai	im over 3 (inch	iding Reissues)				200	100			
Multiple dependent cl	aims	•				360	180			
Total Claims 1	Extra Claims x		Paid (\$)	_	Multiple Depend ee (\$)	lent Claims Fee Paid (\$)				
HP = highest number of to	otal claims paid for,	if greater than 20.					_			
Indep. Claims I	Extra Claims x		Paid (\$)		<del>-</del>					
HP = highest number of in	ndependent claims	paid for, if greater than 3.								
	nd drawings ex	ceed 100 sheets of pape the application size fee					:			

sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Fee Paid (\$)

Extra Sheets Number of each additional 50 or fraction thereof

- 10	o =				/50	(round up to a whole hu	mber) x	 
4. OTHER FEE(S)								Fees Paid (\$)
Non-English Spec	ificati	on,	\$1:	30 fe	e (no small entity dis	scount)		
Other (e.g. (Take fi	lingst	iccha	ſΩ	0:_1	801 Request for co	ntinued examination	(RCE) (see 37	790.00
Smor (o.Bh.m.		/ X	[ ]	7	252 Extension for r	ntinued examination esponse within secon	nd month	 450.00
	<del>. }k#</del>	#	#					
SUBMITTED BY	. III //	- / /		, ,	^			

SUBMITTED BY	17	1/	111			<u> </u>					
Signature		Ţ	V	$\mathcal{I}$	$\mathcal{I}$		Registration No. (Attorney/Agent)	40,439	Telephone	(703) 205-8035	
Name (Print/Type)	D. Ric	hard	Ande	erson					Date	December 14, 2006	7
•								1571 171	Chamber Theresel	11 COCCCCCC 1 1 1 1 1 1 1 1 1 1 1 1 1	

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Fee (\$)

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